2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007873

FILED Apr 23, 2009 Secretary of State

Entity Name: WESTSHORE YACHT CLUB TOWNHOMES III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

24301 WALDEN CENTER DRIVE 11784 WEST SAMPLE ROAD

SUITE 300 #103

BONITA SPRINGS, FL 34134 CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

24301 WALDEN CENTER DRIVE 11784 WEST SAMPLE ROAD

SUITE 300 #103 BONITA SPRINGS, FL 34134 CORAL SPRINGS, FL 33065

FEI Number: 83-0493094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HASTINGS, VIVIEN N.
C/O WCI COMMUNITIES, INC.
24301 WALDEN CENTER DRIVE
24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134 US
HASTINGS, VIVIEN N.
24301 WALDEN CENTER DRIVE
#300
BONITA SPRINGS, FL 34134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VIVIEN N HASTINGS 04/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PD (X) Change () Addition Name: AMAN, ROGER Name: STEVENS, BOB

Address: 2020 CLUBHOUSE DRIVE Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD () Delete Title: VPD (X) Change () Addition Name: STEVENS, BOB Name: KING, ROB

Address: 2020 CLUBHOUSE DR Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD () Delete Title: TDSD (X) Change () Addition Name: COOLAHAN, JOHN Name: NELSON, DAVE

Address: 6003 BEACON SHORES ST Address: 24301 WALDEN CENTER DRIVE City-St-Zip: TAMPA, FL 33616 City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU PALMER AGT 04/23/2009